



**REQUEST FORM AND CANCELLATION FORM
STATE POLICE TRAFFIC CONTROL SERVICES
CONSTRUCTION**



Instructions: All Requests for State Police Traffic Control Services at DOT highway construction sites, for jobs for which the direct DOT-DESPP reimbursement payment method will be used, must be made using this form.

- The form must be submitted by DOT Contractor to the DESPP Special Duty Overtime Coordinator, 1111 Country Club Road, Middletown, CT 06457 Facsimile: 860-706-1407/E-mail: specduty.clerk@ct.gov between regular business hours 0730 hours through 2000 hours, Monday through Friday (except holidays). Between 1730 hours and 2000 hours please call 860-214-2204.
- Requests must be submitted at least five (5) business days in advance.
- There is no guarantee that any request made with less than 24 hour notice to the start of the job can be accommodated.
- DOT contractor authorization form must accompany any request for State Police traffic control.
- Any request for services submitted to DESPP after 1730, will not be scheduled until the following business day except in the case of an emergency.
- In the event of an emergency requiring services during normal business hours please contact the Special Duty Office at 860-684-8420. After normal business hours for the current day and prior to the start of the next business day, a request must be submitted to the State Police duty supervisor at the troop area where the job is being worked. DOT must also submit the request to the DESPP Special Duty office at the same time via facsimile or email. This will be subject to the OPA rate of \$92.38 Trooper or \$119.46 Sergeant.
- DESPP cannot guarantee the availability of State Police personnel for requests not submitted in a timely manner.
- This form shall be used for the cancellation of any Request for State Police Traffic Control Services. See Instructions in Section IV, regarding cancellation.
- Requests must be made in military time. (Example: 1:00 PM = 1300 hours – 8:00 PM = 2000 hours)

REQUEST DATE: _____

Is This a New Job? ☐ Yes ☐ No

I. PROJECT INFORMATION:

DOT Project No.:	DOT Core CT Project No:
Town in Which Job is Located:	Job Location/Meeting Location:
Project Description:	DOT District/Unit:
DOT Project Office:	Telephone No. of DOT Project Office:
Name & Title of DOT Contact Person at Project Office ("DOT Contact Person"):	Cellular Telephone No. of DOT Contact Person:
E-mail Address of DOT Contact Person:	Contractor's Name:

II. DATES AND TIMES FOR REQUESTED STATE POLICE TRAFFIC CONTROL SERVICES:

	DATE(S)	TIME	NUMBER OF TROOPER(S)	(Existing Request)	(Existing Request)	CANCEL
				TIME CHANGE	CHANGE NUMBER OF TROOPERS	
1.				FROM TO	FROM TO	<input type="checkbox"/>
2.				FROM TO	FROM TO	<input type="checkbox"/>
3.				FROM TO	FROM TO	<input type="checkbox"/>
4.				FROM TO	FROM TO	<input type="checkbox"/>
5.				FROM TO	FROM TO	<input type="checkbox"/>
6.				FROM TO	FROM TO	<input type="checkbox"/>
7.				FROM TO	FROM TO	<input type="checkbox"/>
8.				FROM TO	FROM TO	<input type="checkbox"/>
9.				FROM TO	FROM TO	<input type="checkbox"/>
10.				FROM TO	FROM TO	<input type="checkbox"/>

HCP-DOT: DIRECT DOT-DESPP REIMBURSEMENT PAYMENT METHOD

Date of Request for State Police Traffic Control Services: _____
DOT Project No.: _____

III. CONTRACTOR'S & DOT'S REQUEST FOR SERVICES:	
Complete by Contractor's Authorized Representative: <input type="checkbox"/> The Contractor referenced in Part I, above, hereby requests the State Police Traffic Control Services specified in Part II, above. Signature: _____ Print Full Name: _____ Title of Person Signing Above: _____ Cellular No. of Person Signing Above: _____ E-mail of Person Signing Above: _____ Date: _____	Complete by DOT's Authorized Representative: <input type="checkbox"/> DOT has reviewed and approves the Contractor's request for State Police Traffic Control Services. Signature: _____ Print Full Name: _____ Title of Person Signing Above: _____ Cellular No. of Person Signing Above: _____ E-mail of Person Signing Above: _____ Date: _____
IV. CONTRACTOR'S & DOT'S CANCELLATION REQUEST:	
Instructions: To cancel this Request for State Police Traffic Control Services, or any portion thereof, the applicable cancellation box(es) in Section II, Page1 of this form must be checked. DOT must then re-submit the form, with all sections completed, including Section IV, as follows: for cancellations between 0730 hours through 1730 hours, Monday through Friday (except holidays), submit to the DESPP Special Duty Coordinator by facsimile to 860-706-1407 or e-mail to the specduty.clerk@ct.gov ; for cancellations at all other times and holidays, submit to the State Police Message Center by facsimile to 860-685-8346 or e-mail dps.messagecenter@ct.gov . <i>Any cancellation made without at least twenty-eight (28) hours advance notice will result in a charge for four (4) hours minimum pay for each Trooper/Sergeant assigned to the project.</i>	
Complete by Contractor's Authorized Representative: <input type="checkbox"/> The Contractor referenced in Part I, above, hereby requests the cancellation of the requested State Police Traffic Control Services, as indicated by the checked cancellation box(es) in Section II of this form. Signature: _____ Print Full Name: _____ Title of Person Signing Above: _____ Cellular No. of Person Signing Above: _____ E-mail of Person Signing Above: _____ Date: _____	Complete by DOT's Authorized Representative: <input type="checkbox"/> DOT has reviewed and approves the Contractor's request to cancel the State Police Traffic Control Services, as indicated by the checked cancellation box(es) in Section II of this form. Signature: _____ Print Full Name: _____ Title of Person Signing Above: _____ Cellular No. of Person Signing Above: _____ E-mail of Person Signing Above: _____ Date: _____